

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR	OFFICE US	E ONLY	
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	ETHICS:	JAN 30	911
	COMMIS	A 9	CROP
	ن د	44	

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST **TELEPHONE** (Middle) NAME (Last) (First) 526-3770 Gold Joy FAX MAILING ADDRESS (Street) 540-0415 1136 Union Mall, Ste. 403 (Zip Code) (State) (City) 96813 Hawaii Honolulu TELEPHONE EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) FAX MAILING ADDRESS (Street) (Zip Code) (City) (State)

PARTII ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Crop Improvement Association c/ MAILING ADDRESS (Street) 67-172 Farrington Highway		TELEPHONE	
		637-0100 ext 17	
			637-1611
		(City)	(State)
Waialua	Hawaii	96791	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Cindy Goldstein		637-\$100 ext 17	
MAILING ADDRESS (Street)		FAX	
67-172 Farrington Highwa	у	637-1611	
(City)	(State)	(Zip Code)	
Waialua	Hawaii	96791	

/ AL REV. 14 14 15 15 15 15 15 15	ON OF SURJECTS OFOR MU	ICH YOU EXPECT TO LOBBY	
PART III DESCRIPTION ZI Agriculture		Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation
Consumer Protection & Commerce	Hawalian Affairs	☐ Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Pianning, Land & Water Use Management	() Other: (indicate below)
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	
PART IV CERTIFICATION I hereby certify the	ATION OF LOBBYIST at the information furnished above	ve is, to the best of my knowled	un 29 01
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZ	ZATION TO LOBBY		
		TITLE OF ALITHORIZING OFFICE	ER OR PERSON REPRESENTED
NAME	Althora to mean.	TITLE OF AUTHORIZING OFFICH HCIA Government Relation	ER OR PERSON REPRESENTED ons Chair
NAME Cindy Goldstein			
NAME Cindy Goldstein NAME OF ORGANIZATIO		HCIA Government Relati	ons Chair
NAME Cindy Goldstein NAME OF ORGANIZATIO Hawaii Crop Improv	N (if applicable) vernent Association c/o Pione	HCIA Government Relati	ons Chair TELEPHONE
NAME Cindy Goldstein NAME OF ORGANIZATIO	N (if applicable) vernent Association c/o Pione et)	HCIA Government Relati	TELEPHONE 637-0100 ext 17 FAX 637-1611
NAME Cindy Goldstein NAME OF ORGANIZATIO Hawaii Crop Improv MAILING ADDRESS (Street 197-172 Farrington	N (if applicable) vernent Association c/o Pione et)	HCIA Government Relati	TELEPHONE 637-0100 ext 17
NAME Cindy Goldstein NAME OF ORGANIZATIO Hawaii Crop Improv MAILING ADDRESS (Street) 67-172 Farrington (City) Waialua	N (if applicable) vernent Association c/o Pione et) Highway (State) Hawaii	HCIA Government Relati	TELEPHONE 637-0100 ext 17 FAX 637-1611 (Zip Code) 96791
NAME Cindy Goldstein NAME OF ORGANIZATIO Hawaii Crop Improv MAILING ADDRESS (Street) 67-172 Farrington (City) Waialua	N (If applicable) vernent Association c/o Pione et) Highway (State)	HCIA Government Relati	TELEPHONE 637-0100 ext 17 FAX 637-1611 (Zip Code) 96791 In behalf of the undersigned.
NAME Cindy Goldstein NAME OF ORGANIZATIO Hawaii Crop Improv MAILING ADDRESS (Street) 67-172 Farrington (City) Waialua	N (if applicable) vernent Association c/o Pione et) Highway (State) Hawaii	HCIA Government Relati	TELEPHONE 637-0100 ext 17 FAX 637-1611 (Zip Code) 96791